

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |  |  |  |  |  |  |
|--------------|----------|-----|---------------------|-----|---------------------|-----|--|--|--|--|--|--|
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |  |  |  |  |  |  |
| 1            |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 2            |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 3            |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 4            |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 5            |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 6            | 1        |     |                     |     |                     |     |  |  |  |  |  |  |
| 7            |          | 1   |                     |     |                     |     |  |  |  |  |  |  |
| 8            | 1        |     |                     |     |                     |     |  |  |  |  |  |  |
| 9            |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 10           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 11           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 12           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 13           | 1        |     |                     |     |                     |     |  |  |  |  |  |  |
| 14           |          | 1   |                     |     |                     |     |  |  |  |  |  |  |
| 15           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 16           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 17           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 18           | 1        |     |                     |     |                     |     |  |  |  |  |  |  |
| 19           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 20           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 21           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 22           | 1        |     |                     |     |                     |     |  |  |  |  |  |  |
| 23           |          | (1) |                     |     |                     |     |  |  |  |  |  |  |
| 24           | 1        |     |                     |     |                     |     |  |  |  |  |  |  |
| 25           |          | (1) |                     |     |                     |     |  |  |  |  |  |  |
| 26           | 1        |     |                     |     |                     |     |  |  |  |  |  |  |
| 27           |          | (1) |                     |     |                     |     |  |  |  |  |  |  |
| 28           |          | (1) |                     |     |                     |     |  |  |  |  |  |  |
| 29           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 30           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 31           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 32           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 33           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 34           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 35           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 36           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 37           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 38           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 39           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 40           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 41           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 42           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 43           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 44           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 45           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 46           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 47           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 48           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 49           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| 50           |          |     |                     |     |                     |     |  |  |  |  |  |  |
| TOTAL IND.   |          | 8   |                     |     |                     |     |  |  |  |  |  |  |
| TOTAL DEP.   |          | 20  |                     |     |                     |     |  |  |  |  |  |  |
| TOTAL CLAIMS |          | 28  |                     |     |                     |     |  |  |  |  |  |  |
| TOTAL IND.   |          |     |                     |     |                     |     |  |  |  |  |  |  |
| TOTAL DEP.   |          |     |                     |     |                     |     |  |  |  |  |  |  |
| TOTAL CLAIMS |          |     |                     |     |                     |     |  |  |  |  |  |  |